

LOCAL SERVICE REQUEST (LSR) For use of this form, see AR 25-1; the proponent agency is ODISC4						DATE SERVICE REQUIRED	
TO:					NAME AND TELEPHONE NUMBER OF PERSON WITH EXACT LOCATION KNOWLEDGE		
THIS REQUEST IS FOR: <input type="checkbox"/> LOCAL TELEPHONE SERVICE <input type="checkbox"/> WATS <input type="checkbox"/> FX <input type="checkbox"/> OTHER							
					INSTALL	REMOVE	MOVE
					MAIN LINE		
					EXTENSION(S)		
					KEY(S)		
					TELEPHONE NO.		
SPECIAL REQUESTS, WORK DETAILS, ADDITIONAL DIRECTORY AND NAME CHANGES, JUSTIFICATION, FUND CITE, ETC.							
PRESENT LOCATION OF EQUIPMENT					PRESENT DIRECTORY LISTING (Hq, Div, Br, Sec)		
PROPOSED LOCATION OF EQUIPMENT					PROPOSED DIRECTORY LISTING		
CLASS OF SERVICE DESIRED					TOTAL TELEPHONES AT ACTIVITY CONCERNED		
DATE OF REQUEST		TYPED NAME OF REQUESTER			SIGNATURE OF VALIDATING OFFICIAL		
INSTRUCTIONS: ALL COPIES WILL BE FORWARDED TO THE SUPPORTING C-E OFFICER.							
CONSENT STATEMENT: ALL UNOFFICIAL (CLASS R) MILITARY TELEPHONE SUBSCRIBERS WILL READ AND SIGN THE FOLLOWING CONSENT STATEMENT: <div style="text-align: center;"> I (DO) (DO NOT) DESIRE TO HAVE MY HOME TELEPHONE NUMBER PUBLISHED IN THE POST TELEPHONE DIRECTORY (AND) (NOR) LISTED IN THE POST OPERATOR INFORMATION FILES. IT IS FURTHER UNDERSTOOD AND AGREED THAT CONSENT OF LISTING AND PUBLICATION CONSTITUTES CONSENT TO PUBLIC DISCLOSURE. </div>							
_____ NAME AND RANK							
FOR USE OF THE C-E OFFICE							
REQUEST APPROVED BY					WORK ORDER NUMBER		
CHARGES				CONTRACT AUTHORIZATION			
MONTHLY CHARGES		NONRECURRING CHARGE		CONTRACT NUMBER	RENTED SERVICE C.S.A. NUMBER	MAINTENANCE SERVICE C.S.A. NUMBER	
CABLE		PAIR	TERMINAL No.	LOCATION	BUILDING	1ST PAIR	X CONN
IN							
OUT							
RECORDS POSTED	WIRE CHIEF			WORK COMPLETED BY		DATE DUE	DATE COMPLETED
	CHIEF OPERATOR			ACCOUNTS CLERK		EQUIPMENT USED	
	SERVICE ORDER CLERK			DIRECTORY CLERK			

SEE ATTACHED CUT SHEET